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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 13, 2026

Eunice Medina
Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) - 25-0005

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment confirms compliance with the CMS final rule amending 42 CFR 440.90, which exempts Indian Health Service (IHS) and Tribal clinics from the Medicaid clinic services 'four walls' requirement.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.90 and Section 1905(a)(9). This letter informs you that South Carolina's Medicaid SPA TN 25-0005 was approved on February 13, 2026, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Vanessa Jefferies at (410) 786-6412 or via email at Vanessa.Jefferies@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: Sheila Chavis
Margaret Alewine
Jordan Desai

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 5</u> | 2. STATE <u>S C</u> |
| | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2025</p> | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.90; 1905(a)(9) | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2025</u> \$ <u>0</u> b FFY <u>2026</u> \$ <u>0</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitation Supplement, pages 5, 5a Attachment 3.1-A Limitation Supplement Section 1905(a)(9) Clinic Services, pages 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7 (New Pages) | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Limitation Supplement, pages 5, 5a | |

9. SUBJECT OF AMENDMENT

This SPA will attest to compliance with the CMS final rule amending 42 CFR 440.90, Clinic Services "four walls" requirement.

10. GOVERNOR'S REVIEW (Check One)

| | |
|--|---|
| <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input checked="" type="radio"/> OTHER, AS SPECIFIED: Ms. Medina was designated by the Governor to review and approve all State Plans. |
|--|---|

| | |
|--|--|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL <hr style="border: 0.5px solid black;"/> | 15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206 |
| 12. TYPED NAME Eunice Medina | |
| 13. TITLE Director | |
| 14. DATE SUBMITTED March 28, 2025 | |

FOR CMS USE ONLY

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|-------------------------------------|--|
| 16. DATE RECEIVED March 28, 2025 | 17. DATE APPROVED February 13, 2026 |
|-------------------------------------|--|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025 | |
| 20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras | 21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations |

22. REMARKS

On June 3, 2025, South Carolina authorized a pen and ink change via email to remove pages 5 and 5a of Attachment 3.1-A Limitation Supplement from Blocks 7 and 8 of the CMS 179.

All clinic services are moved to the new template. Attachment 3.1A Limitation Supplement, pages 5, 5a will remain in the State Plan.

State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- Limitations apply to all services within the benefit category.

[Empty text box for describing limitations]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: SC 25-0005

Approval Date: 02/13/2026

Supersedes TN: New

Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:

MENTAL HEALTH CLINICS: Community mental health providers provide clinic services as defined in federal regulations 42 CFR 440.90. Community mental health services are provided to adults and children diagnosed with a mental illness and defined in the current addition of the Diagnostic Statistical Manual (DSM).

- Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

[Empty text box for describing limitations]

- IHS and Tribal Clinics [Select below if applicable.]:

- Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

[Empty text box for describing limitations]

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Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

[Empty box]

Renal Dialysis Clinics [Select below if applicable.]:

Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

End Stage Renal Disease Clinics: Medicaid coverage includes all medically necessary dialysis treatment and services. Medicaid coverage is limited to services provided by licensed ESRD clinics meeting Medicare requirements outlined in 42 CFR Part 250 and participating in Medicare as evidenced by a Medicare agreement.

Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

Ambulatory Surgical Centers: Medicaid coverage is limited to medically necessary services provided by certified and licensed ambulatory surgical centers that meet the conditions for Medicare coverage as established in 42 CFR Part 416, Subpart B, (Conditions for coverage), and as evidenced by an agreement with CMS. The surgical procedures covered are limited to those described under 42 CFR Part 416, Subpart B (Scope of Benefits).

Pediatric HIV Clinics: Pediatric HIV Clinics (PHC) provide specialty care, consultation and counseling services for HIV-infected and exposed Medicaid children and their families. PHCs provide services that are medical, behavioral, psychological and psychosocial in nature.

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State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

Infusion Centers: Medicaid coverage includes medically necessary treatment and services for infusion therapy, as permitted by state law.

Opioid Treatment Centers: Opioid treatment centers, also referred to as opioid treatment programs or OTPs refer to a program or practitioner engaged in treatment of individuals with an Opioid Use Disorder. OTPs provide services that are medical, pharmacological, and psychotherapeutic in nature. Medicaid coverage includes medically necessary outpatient treatment provided by Opioid Treatment Programs. These services are limited to OTPs that meet requirements set forth in 42 CFR 440.90.

Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Community Mental Health providers provide clinic services as defined in federal regulations 42 CFR 440.90. A Community Mental Health Center is a free-standing facility of the Department of Behavioral Health and Developmental Disabilities, Office of Mental Health, or Medical University of South Carolina,

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State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

having as its primary function the diagnosis, treatment, counseling and/or rehabilitation involving mental, emotional and behavioral problems, disturbances or dysfunction.

Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) [Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]:

A definition adopted and used by a federal governmental agency for programmatic purposes [Describe below.]:

[Empty text box for federal agency definition]

A definition adopted by a state governmental agency with a role in setting state rural health policy [Describe below.]:

[Empty text box for state agency definition]

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State Plan under Title XIX of the Social Security Act

State/Territory: South Carolina

Section 1905(a)(9) Clinic Services

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
 - The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

[Empty box for Additional Benefit Description]

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